Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **September 16-30, 2005.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

OMB Approval No. 0348-0043

APPLICATION FOR FE	DERAL ASSISTANCE	2. Date Submitted	Applicant Identifier
1. Type of Submission:		3. Date Rec'd by State	State Application Identifier
	eapplication		5.1.13.75
Construction _X Nonconstruction	Constituction Nonconstitution CEIVEL	4. Date Rec'd by Federal	Federal Identifica I 98910004
5. Applicant Information:		Organizational Unit:	
Legal Name and Address:	SEP 2 9 2005	Division of Water Quality	
(give city, county, state, and zi	n code)	Name and telephone of person to be o	ontacted on matters
State Water Res	Durces ConSTATE & LEARING HOU	into ving this application (give area c	ode);
	cramento County	James Maughan	•
Sacramento, Cal		(916) 341-5522	
6. Employer Identification Nu	mber (EIN): 680281986	7. Type of Applicant: (enter appropri A. State H. Indep	atc letter)A endent School District
6. DUNS Number: 8083:	21913		nstitute of Higher Learning
8. Type of Application:			University
New X Revision	Continuation	D. Township K. Indian	n Tribe
If Revision, enter appropriate		E. Interstate L. Indivi	dual .
A. Increase Award	B. Decrease Award	F. Intermunicipal M. Profit	t Organization
C. Increase Duration	D. Decrease Duration	G. Special District N. Other	(specify)
Other (specify)			
		9. Name of Federal Agency:	
10. Catalog of Federal Donics	stic Assistance Number	U. S. Environmental Pr	otection Agency
66.419		The state of the s	
	Control_State and Interstate	11. Descriptive Title of Applicant's F	roject:
Program Suppor	t (106 Grants)	To establish and maintain adequate m	ocusures for prevention and
12. Area Affected by Project:		control of surface and ground water p	
(cities, counties, states, etc.)		Control of stifface and ground water p	,
California			
13. Proposed Project:		1	
Start Date	End Date	14. Congressional District of:	
7/1/2003	6/30/2008	Applicant: Project:	
,, =		3 California	a - A11
15. ESTIMATED FUNDING		16. Is the application subject to revie	w by the State
		Executive Order (EO) 12372 process	
a. Federal	\$13,958,607		/preapplication was made
b. Applicant	\$0	available to the State B	O 12372 process for
c. State	\$17,814,772	review on:	
d. Local	\$0		ptember 29, 2005
c. Other USEPA "In-Kind"	\$12,226,904		covered by EO # 12372
f. Program Income	\$0		t been selected by the
		state for review	
g. TOTAL	\$44,000,283	17. Is the applicant delinquent on an	
		YES, attach explanation	_X NO
18 TO THE BEST OF MY E	NOWLEDGE AND RELIEF ALL D	ATA IN THIS APPLICATION/PREA	PPLICATION ARE
		UTHORIZED BY THE GOVERNING	
		IE ATTACHED ASSURANCES IF TH	
IS AWARDED.	THE STATE OF THE SECOND SECONDS SEED TO SEED TO SEED SEED SECONDS		
a. Typed Name of Authorized	Representative	b. Title:	c. Telephone Number
Celeste Cantú	p	Executive Director	(916) 341-5615
d. Signature of Authorized Re	envesentative		e. Date Signed:
d. Digitatory of Authorized Ke	-presentativ	•	.

Previous Edition Usable
Authorized for Local Reproduction

d. Signature of Authorized Representative

Assistant Secretary for Finance and Administration

b. Title

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Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

c. Telephone Numbar (give area code) (916) 653-9709

e. Date Signed

JUN 2 🗬 2005

GMO, PMD-7

PART I - FACE SHEET

APPLICATION FOR F	EDERAL	ASSISTAN	CE	1. TYPE OF SUBMISSIO	N:
28. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):	3. DATE RECE	EIVED BY STATE:		STATE APPLICATION ID	ENTIFIER:
09/29/05 2b. APPLICATION ID:	4. DATE RECE	EIVED:		GRANT NUMBER:	
06SR056332	09/29/05	- No. 10-1			
5. APPLICATION INFORMATION					
LEGAL NAME: Ymca of Greater Whittler DUNS NUMBER: 089884592 ADDRESS (give street address, city, state and 12510 E tindley St. Suite 203 Whittle CA 90601-3942 5. EMPLOYER (DENTIFICATION NUMBER (E. 951684795) B. TYPE OF APPLICATION:	EIN); IUATION	ise Duration	PERSON TO BE BREE CODES): NAME: JETTY Lai TELEPHONE NI FAX NUMBER: INTERNET E-MA 7. TYPE OF APP 78. Non-Profit 7b. Community-E	CONTACTED ON MATTER blin JMBER: (562)907-6545 (562)698-2275 NL ADDRESS: JLsiblinyma	R PROJECT DIRECTOR OR OTHER RS INVOLVING THIS APPLICATION (give) RECEIVED SEP 2 9 2005 STATE CLEARING HOUSE
0a, CATALOG OF FEDERAL DOMESTIC AS 0b, TITLE: Retired and Senior Volunteer Pro	grвm		11. DESCRIPTIV	TION TO NATIONAL VE TITLE OF APPLICANTS Pater Whittler	PROJECT:
 AREAS AFFECTED BY PROJECT (LIST Of Downey, Norwalk, La Mirada, Pleo Rivera, Sa Habra Heights, Pasadena, Monrovia, Arcadia a 	nta Fc Springs, Whi	ittier, La Habra, La			
13. PROPOSED PROJECT: START DATE: 01	/01/06 ENG	DATE: 12/31/08	14. PERFORMA	NGE PERIOD: START DAT	E; END DATE:
15. ESTIMATED FUNDING:	*** * ****			TION SUBJECT TO REVIEW	N BY STATE EXECUTIVE
e, FEDERAL b. APPLICANT c. STATE	\$ 126,100,0 \$ 155,657.0 \$ 33,000.0	0	רד מד	PREAPPLICATION/APPLIC TE STATE EXECUTIVE ORD W ON:	CATION WAS MADE AVAILABLE DER 12372 PROCESS FOR
d. LOCAL	\$ 33,000.0	0			
e, OTHER	\$ 0,0	0			
1. PROGRAM INCOME	\$ 89,657,0	0	17. IS THE APPL	ICANT DELINQUENT ON	ANY FEDERAL DEST?
g. TOTAL	5 281,757.0			ES If "Yes," attach an ex	# -1
B. TO THE BEST OF MY KNOWLEDGE AND DULY AUTHORIZED BY THE GOVERNING E S AWARDED.	BELIEF, ALL DA	TA IN THIS APPLICATI			
1. TYPED NAME OF AUTHORIZED REPRES	ENTATIVE:	b. TITLE:		C.	TELEPHONE NUMBER:
Mike Blackmore		President & CRO			(562) 907-2727
				d.	DATE: 09/29/03

APPLICATION FOR FEDERAL ASSISTANCI	E	2. DATE SUBMITTED		Applicant Iden	Version 7/03
	F	9-27-05		. ''	. ,,,,,
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	Staté Applicati	on Identifier
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identil	Ner
Non-Construction	P Non-Construction	Delta .			
5. APPLICANT INFORMATION	1		Organizational Unit:		
-			Department:		the second state of the second section of the second section of the second section sec
Shan Lee Johny Organizational DUNS:	4H A		Division:		
605701429					
Address:	*^		Name and telephone involving this application		mon to be contacted on matters
6001 w 2md st			Prefix	First Name:	2 4324/
Ciru.	() admired the managery architect of mark of		Mrs. Middle Name	. Shari	
Gπy: Rio knda			Lee	. 10004-101-1	1
County: Secramento			Last Name Jodley		
State: CA	Zip Code 95673		Suffix:		
Country	.) 50013		Emeil:		CA, 1.1.
USA '	MAN AND DESIGNATION OF THE REAL PROPERTY.		sharanee@@aoi.com		[P-v Number (six
6. EMPLOYER IDENTIFICATION			Phone Number (g)va:	aran Duga)	Finx Number (give area code)
55-273012	9.1		918-991-4088		
B. TYPE OF APPLICATION:	F (7. TYPE OF APPLIC	ANT: (See bac	k of form for Application Types)
Y Note that the second of t		ation i Revision	m		
See back of form for description	n of leners.)	1.1	Other (specify)		
Other (spacify)		LJ	P. NAME OF FEDER	AL AGENCY:	
Culies (StraenA)			Small Business Adm	inistration	
10. CATALOG OF FEDERAL	DOMESTIC ASSIST	ANCE NUMBÉR:	11. DESCRIPTIVE T	TITLE OF APPLI	CANT'S PROJECT:
		5 9-0 0 8	Delivery Service		
TITLE (Name of Program): Proguement Assistance To St					
12. AREAS AFFECTED BY P		ntine States atr 1:	-		
State	LOGEO ! Control com	same continue, many			
13. PROPOSED PROJECT			14. CONGRESSION	AL DISTRICTS	OF:
Start Date:	Ending Date:	· (a. Applicant		h Project
current	on going		(Rio linda , CA	N GIID REFT TO	P REVIEW BY STATE EXECUTIVE
15. ESTIMATED FUNDING:			ORDER 12372 PRO	CESS?	
a. Federal	.	·	a. Yes. K THIS PF	REAPPLICATION	NAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant	5	· · · · · · · · · · · · · · · · · ·		SS FOR REVIE	
		900,00	- GATE:		
c. State	•				
d. Local	\$		b. No PROGR	AM IS NOT CO	VERED BY E. O. 12372
e. Other	\$				OT BEEN SELECTED BY STATE
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	. 				
g, TOTAL	\$	50.000	☐ Yes If "Yes" attac	-	
18. TO THE BEST OF MY KN	OWLEDGE AND BE	IFF ALL DATA IN THIS AP	PLICATIONPREAPPI	JCATION ARE	TRUE AND CORRECT. THE
DOCUMENT HAS BEEN DUL ATTACHED ASSURANCES IF	Y AUTHORIZED BY '	THE GOVERNING BODY OF	THE APPLICANT AN	D THE APPLICA	ANT WILL COMPLY WITH THE
a. Authorized Representative		per orași a rea tant tante.			
Prefix Mrs	First Name Shan		Midd	e Name	
Last Name			Suffix	*	1 min
Jalley b, Title		- 2	c Ta	lephone Numbe	r (grus area code)
Owner	American de la constante de la	A	916-	991-4068	
d. Signature of Authorized Red	respirative	Value	e. Os 9-27	ile Signed '-05	
Pravious Edition Usable	4 (44)			£ =1, p	Standard Form 424 (Rev.9-200
Authorized for Local Reproduct	tion	RECEIVE	ח		Prescribed by OMB Circular A-10
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APPLICATION FOR					Version 7/0
EDERAL ASSISTANC	E	2. DATE SUBMITTED 9-27-05		Applicant los	าปละ
TYPE OF SUBMISSION:	Pre-application	3. DATE RECEIVED BY	STATE	State Applica	ion Identifier
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Ident	ifier
Non-Construction	P Non-Construction				
APPLICANT INFORMATION QBI Name:	M	4 -4	Commission of the late		4.
•			Organizational Unit: Department:		
nan Lee Jokey			Division:		
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ddress:	4° committee of the second		Mame and telephone involving this applic		irtion to be contested on matter as code)
001 w 2nd st			Prefix:	First Name:	مستوالما والخور والمغراب وه وه وهو موسود والمعارب
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ounty:			Les	In the state of th	करण स्वरूप क्या विश्व स्थाप १९४४ मा १९ १ ६ ।
accemento			Last Name Jolley		
tate. A	Zip Code 95673		ទីបពីនេះ		
ountry: SA			Email:		
EMPLOYER (DENTIFICATI	ON NUMBER (EIN):		Phone Number (give a	irea izala)	Fax Number (give area code)
5 5 - 2 7 3 0 1 2	Ĩ		916-991-406B		
TYPE OF APPLICATION:		.1 .	7. TYPE OF APPLIC	ANT: (See bar	ck of form for Application Types)
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Revision, enter appropriate la les back of form for description			Other (specify)		
	نا	Ĺ	S. NAME OF FEDER	A AMENAU.	re i nea e management
ther (specify)			Small Business Admi		· .
O. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	CE NUMBER:	11. DESCRIPTIVE T	TLE OF APPL	ICANT'S PROJECT:
tate 3. PROPOSED PROJECT			14. CONGRESSION	AL ÓISTRICTS	DF:
itait Date: ukrani	Ending Date: on going		g. Applicant . Rio linda , CA		.
S. ESTMATED FUNDING:			16.15 APPLICATION ORDER 12372 PROC		REVIEW BY STATE EXECUTIV
. Federal	\$, our	THIS PR	EAPPLICATIO	NAPPLICATION WAS MADE
. Applicant	\$			SS FOR REVIE	TATE EXECUTIVE ORDER 1237
: State		50,000	DATE.		
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. Local	\$.T'	3.00, 11		WERED BY E. O. 12372
L Other	\$		OR PRO		OT BEEN SELECTED BY STATE
Program Income	\$		17. IS THE APPLICA	INT DELINOU	ENT ON ANY FEDERAL DEBT?
, TOTAL	5		— ∫ Yes II "Yes' attac	h an avnlannt	оп. 🔑 №
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OCUMENT HAS BEEN DUL	Y AUTHORIZED BY THI	e doverning body of	THE APPLICANT AND	THE APPLIC	ANT WILL COMPLY WITH THE
TTACHED ABSURANCES II	F THE ASSISTANCE IS	AWARDED.		J	
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est Name	- Files		Suffix		
Offity Title			t Tak	anhone Numbe	er (give area code)
Amar .	~ <u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>		916-9	991-4068	
Signature of Authorized Re	melsentative (llia	e. Dat 9-27-	te Signed 05	. 4() (1)
rayious Edition Liable		~~	***************************************		Standard From 424 (Rev.9-20 Prescribed by OMS Circular A-
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	en en	Z. DATE SUBMITT	Version
EDERAL ASSISTANC	· C	9-27-05	
TYPE OF BUBNISSION: Oppication	Pre-application	3. DATE RECEIVE	·
Construction	Construction		BY FEDERAL AGENCY Federal Identifier
Non-Construction APPLICANT INFORMATIO	P Non-Construction	n ,	
gal Name:	· · · · · · · · · · · · · · · · · · ·		Organizational Unit:
Tari Lee Jolley			Department:
genizetional DUNS: 05701428			Division.
ddrass. reel:	" I		Mame and telephone number of person to be contacted on mu involving this application (give area code)
XII w 2nd st			Prefix: First Name:
ty: io finda	• • • • • • • • • • • • • • • • • • • •		Mrs. Shari
io finds:			· kee
scrainenta			Lest Name Joiley
ate:	Zip Code 95673		Suffix.
ountry: SA			Email: shaaree9@aol.com
EMPLOYER IDENTIFICATI	ON NUMBER (EIN).		Phone Number (give area code) Fax Number (give area code)
55-2730 12	lg ¦		916-991-4068
TYPE OF APPLICATION:	<u></u>		7, TYPE OF APPLICANT: (See back of form for Application Type
ic Na Revision, enter appropriate le se back of form for description	Heris) in box(es)	tion (** Revision	'm Otter (specity)
ther (specify)			A NAME OF FEDERAL AGENCY:
	late all authorizant and a second cities as a		Small Business Administration
). CATALOG OF FEDERAL	. DOMESTIC ASSISTA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
		5] 9-0 (0)	Delivery Service
IT C (Atmosp of December			
	ance To Small Business	S	
usiness Development Assist			
usiness Development Assist LAREAS AFFECTED BY P			
usiness Development Assist L. AREAS AFFECTED BY P Lete L. PROPOSED PROJECT			14. CONGRESSIONAL DISTRICTS OF:
usiness Development Assist LAREAS AFFECTED BY P tate LPROPOSED PROJECT and Date:	ROJECT (Cities, Count Ending Date:		a. Applicant b. Project
usiness Development Assist 2. AREAS AFFECTED BY P tate 3. PROPOSED PROJECT tart Date: unent	ROJECT (Cities, Count		4
usiness Development Assist AREAS AFFECTED BY P tate PROPOSED PROJECT part Date: Intent S. ESTIMATED FUNDING:	ROJECT (Cities, Count Ending Date:		2. Applicant D. Project S. Projec
usiness Development Assist AREAS AFFECTED BY P tate PROPOSED PROJECT part Date: Intent S. ESTIMATED FUNDING:	ROJECT (Cities, Count Ending Date:	ies, States, etc.):	2. Applicant D. Project Rio lines , CA 5 18. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECU
usiness Development Assist 2. AREAS AFFECTED BY P tate 3. PROPOSED PROJECT tart Date: intent 5. ESTIMATED FUNDING: Federal	ROJECT (Cities, Count Ending Date:	ien, States, etc.): on on or	Applicant Rio lines , CA 18. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIONER 12372 PROCESS? THIS PREAPPLICATION/APPLICATION WAS MADE
usiness Development Assist AREAS AFFECTED BY P tate PROPOSED PROJECT tart Date: Jordan S. ESTIMATED FUNDING: Federal Applicant	ROJECT (Cities, Count Ending Date:	ies, States, etc.):	2. Applicant Rio Inda , CA 18. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? 2. Yes . M. AVAILABLE TO THE STATE EXECUTIVE ORDER 12
usiness Development Assist AREAS AFFECTED BY P tate PROPOSED PROJECT tart Date: intent ESTIMATED FUNDING: Federal Applicant State	ROJECT (Cities, Count Ending Date:	ien, States, etc.): on on or	2. Applicant Rio linds CA 18. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? 2. Yes. M. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12 PROCESS FOR REVIEW ON DATE: - PROGRAM IS NOT COVERED BY E. D. 12372
usiness Development Assist LAREAS AFFECTED BY P tate I. PROPOSED PROJECT tart Date: Intent LESTIMATED FUNDING: Federal Applicant Stafa	ROJECT (Cities, Count Ending Date: on going \$	ien, States, etc.): on on or	2. Applicant Rio linds CA 18. IS APPLICATION BUBLECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? 2. Yes. M. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12 PROCESS FOR REVIEW ON DATE: b. No. PROGRAM IS NOT COVERED BY E. O. 12372 PT OR PROGRAM HAS NOT BEEN SELECTED BY STATE
usiness Development Assist AREAS AFFECTED BY P tate PROPOSED PROJECT tart Date: Intent ESTIMATED FUNDING: Federal Applicant State Cocal Other Program Income	ROJECT (Cities, Count Ending Date: on going \$	ien, States, etc.): on on or	2. Applicant Rio linds CA 18. IS APPLICATION BUBLIECT TO REVIEW BY STATE EXECUTION BUBLIECT TO REVIEW BY STATE EXECUTION WAS MADE 8. Yes. M. THIS PREAPPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12 PROCESS FOR REVIEW ON DATE: b. No.
usiness Development Assist L AREAS AFFECTED BY P tate PROPOSED PROJECT tart Date: Intent L ESTIMATED FUNDING: Federal Applicant State Local Other Program Income	ROJECT (Cities, Count Ending Date: on going \$	ien, States, etc.): on on or	2. Applicant Rio Inda , CA 18. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? 28. Yes. M. AVAILABLE TO THE STATE EXECUTIVE ORDER 12 PROCESS FOR REVIEW ON DATE: b. No. PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW.
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Other Program Income TOTAL TO THE BEST OF MY KN	ROJECT / Cities, Count Ending Date: on going \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ WAUTHORIZED BY THE ABSISTANCE IS First Name Shan	50,000 SO,000 FF, ALL DATA IN THE	2. Applicant Rio linds CA 18. IS APPLICATION BUBLECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? 8. Yes. 17. IS THE APPLICATION APPLICATION WAS MADE 18. No. □ PROGRAM IS NOT COVERED BY E. O. 12372 17. IS THE APPLICANT DELINOUENT ON ANY FEDERAL DEB 17. IS THE APPLICANT DELINOUENT ON ANY FEDERAL DEB 18. APPLICATION PREAPPLICATION ARE TRUE AND CORRECT. THE OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE SUffix 18. C. Thephone Number (give area code) 19. 16.981-4068

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STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANC	E	2. DATE SUBMITTE	D	Applicant Id	Version Version
1. TYPE OF SUBMISSION:		3. DATE RECEIVED	BY STATE		cation Identifier
Application	Pre-application	4 DATE BECEIVED	BY FEDERAL AGENCY	-	
Construction	Construction	4. DATE RECEIVED	BT FEDERAL AGENCY	Federal Ide	nuiler
Non-Construction 5. APPLICANT INFORMATIO	Non-Construction	1			
_egal Name:			Organizational Un	it:	
Pratt Mutual Water Company			Department:		
Organizational DUNS: 622795896			Division:		
Address:					person to be contacted on matte
Street: P.O. Box 598			involving this appl Prefix:	ication (give a First Name:	rea code)
Zity:			Middle Name	Paul	
City: Tülare					
County: Fulare			Last Name Boyer		
State: CA	Zip Code 93275		Suffix:		
Country: United States			Email: paulb@selfhelpente	erprises org	
. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		Phone Number (give		Fax Number (give area code)
94-6079718	<u> </u>		(559) 651-1000 ext.	681	(559) 651-3634
. TYPE OF APPLICATION:			7. TYPE OF APPLIC	CANT: (See ba	ick of form for Application Types)
		n 🔲 Revision	0		
Revision, enter appropriate let see back of form for description		·	Other (specify)		
other (specify)			9. NAME OF FEDER USDA Rural Develo		
0. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	E NUMBER:			ICANT'S PROJECT:
ITLE (Name of Program): Vater and Waste Disposal Loa 2. AREAS AFFECTED BY PR		1 0 - 7 6 0 States, etc.):	Pratt Mutual Water (Company Wate	r System Rehabilitation Project
Matheny Tract, Tulare County,	California				as as
3. PROPOSED PROJECT tart Date:	15-5-5-		14. CONGRESSION	AL DISTRICTS	
une 2006	Ending Date: June 2007		a. Applicant 21st		b. Project 21st
5. ESTIMATED FUNDING:		The second secon			REVIEW BY STATE EXECUTIVE
Federal \$		00	ORDER 12372 PROC	Z ESS? REAPPLICATIO	N/APPLICATION WAS MADE
. Applicant C	ECEIVED	1,458,000	7 1 7 11 647 31	BLE TO THE ST SS FOR REVIE	IMIL EXECUTIVE ORDER 12312
State \$	man V Irana I V Irana Beat	.00	DATE:		
Local \$	SEP 2 6 2005	00	b. No. PROGRA	AM IS NOT CO	VERED BY E. O. 12372
Other \$				GRAM HAS NO	OT BEEN SELECTED BY STATE
Program Income \$	E CLEARING HOUS	.00	FOR RE	VIEW	ENT ON ANY FEDERAL DEBT?
TOTAL \$		00			
3. TO THE BEST OF MY KNO	WLEDGE AND BELIEF,	1,458,000 ALL DATA IN THIS AF	Yes If "Yes" attac	ICATION ARE	TRUE AND CORRECT. THE
CUMENT HAS BEEN DULY TACHED ASSURANCES IF T	AUTHORIZED BY THE G	OVERNING BODY OF	THE APPLICANT AND	THE APPLICA	ANT WILL COMPLY WITH THE
Authorized Representative efix			h.a: 1 10		
	First Name Lenord			Name	3
st Name gans			Suffix		
Title pard President				phone Number 723-6580	(give area code)
Signature of Authorized Repres	sentative Lewer	1 Coul			8-3-05
evious Edition Usable	- Corre	(- //-			Standard Form 424 (Rev.9-20)

APPLICATION FO		2. DATE SUBMITTEI August 11, 2005	D		Applican 04-314	t Identifier
FEDERAL ASSIST	ΓANCE	August 11, 2005			04-314	
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED	BY STAT	E	State App	plication Identifier
☐ Construction ☐ Non-Construction 5. APPLICANT INFORMAT.	Construction Non-Construction	4. DATE RECEIVED	BY FEDE	RAL AGENCY	Federal Id	dentifier
Legal Name:	ION		Organia	zational Unit:		
CITY OF ROSEVILLE			Departi		ITIES	
Organizational DUNS: 076119643			Divisio			
Address: 2005 HILLTOP CIRCLE			applica	nd telephone numbe tion (give area code)		to be contacted on matters involving this
Street:			Prefix: MR.			First Name: DERRICK
HILLTOP CIRCLE City:			Middle	Name:		<u> </u>
ROSEVILLE			H.		····	
County: PLACER			Last Na WHITE			
State:	Zip Code:		Suffix:	1112,40		
CA Country:	95747		There il.			
USA			Email:	ead@roseville.ca.us		
6. EMPLOYER IDENTIFICAT	TION NUMBER (EIN):		Phone N	Number (give area co		Fax Number (give area code)
94-60004	09		(916) 77	/4-57/0		(916) 774-5690
8. TYPE OF APPLICATION:			7. TYP	E OF APPLICANT:	(See back o	f form for Application Types)
☐ New If Revision, enter appropriate le (See back of form for description)	etter(s) in box(es)	☑ Revision		NICIPALITY		RECENT
Other (specify)	A	Λ	Other (s	pecify)		SEP 2 6 2005
				E OF FEDERAL AC	GENCY:	STATE 2005
10 CATALOG OF FEDERAL	DOMESTIC ASSISTANC	CE NUMBER:	11. DES	A, REGION 9 SCRIPTIVE TITLE (F ROSEVILLE WA'		STATE CLEARING HOUSE REPLACEMENT PROJECT
	66-606					2001
TITLE (Name of Program):						
12. AREAS AFFECTED-BY P CITY OF ROSEVILLE, CITY	ROJECT (Cities, Counti OF ROCKLIN	es, States, etc):				
13. PROPOSED PROJECT				IGRESSIONAL DIS	TRICTS OF	
Start Date: OCTOBER 1, 2004	Ending Date: JULY 1, 2006		a. Applic	cant FRICT	1	b. Project 4 TH DISTRICT
15. ESTIMATED FUNDING:			16. IS A		ECT TO RI	EVIEW BY STATE EXECUTIVE
a. Federal \$578			a. Yes			APPLICATION WAS MADE
b. Applicant \$472 c. State \$,991		AVAILA REVIEV		TE EXECU	TIVE ORDER 12372 PROCESS FOR
d. Local \$			TOVIEV	DATE: Septem	iber 1, 2005	
e. Other \$	-		b. No REVIEV	OR PROGRAM		ERED BY E. O. 12372 I BEEN SELECTED BY STATE FOR
f. Program Income \$					ELINQUEN'	T ON ANY FEDERAL DEBT?
	51,091	CE TI DIGH BIGAN	Yes I	f "Yes" attach an ex	planation.	⊠ No
DOCUMENT HAS BEEN DUI ATTACHED ASSURANCES II	LY AUTHORIZED BY T	HE GOVERNING BOD?	APPLICA Y OF THE	ATION/PREAPPLIC E APPLICANT AND	THE APPL	E TRUE AND CORRECT. THE ICANT WILL COMPLY WITH THE
a. Authorized Representative	NT.					
MR. W.	Name		~~~	Middle Name CRAIG		
Last Name ROBINSON				Suffix		
b. Title CITY MANAGER /	1/2	4		c. Telephone Num (916) 774-5353	ber (give are	ea code)
d. Signature of Authorized Repr	esentative of	uson		e. Date Signed	, ,	0.0005
Prayrious Edition Usehlo		· \			eptember	8, 2005

Prévious Edition Usable Authorized for Local Reproduction

Standard Form 424 (Rev. 9-2003) Prescribed by OMB Circular A-102

677 4691	T-028	P.001/001	F-

DATE SUBMITTED TO CORPORATION FO ATIONAL AND COMMUNITY SERVICE	R J. IL DATE RECEIVED BY STATE:		J.b. STATE APPLICATION	IDENTIFIER:	
ROS):	4. 1. DATE RECEIVED BY CNCS:		4.b. CNCS GRANT NUMBER:		
9/23/05	A. I DATE RECEIVED BY ENGL.				
APPLICANT INFORMATION				OTHER DESIGNATION OF THE PERSON OF THE PERSO	
L LEGAL NAME: The University Corpo	ration, CSU Northridge	Sd. NAME A	AND CONTACT INFORMA BE CONTACTED ON MATT	TION FOR PROJECT DIRECTOR OR OTHE ERS INVOLVING THIS APPLICATION (gird ore	
ORGANIZATIONAL DUNS: 055752331		codes):	Dubin		
c. ADDRESS (give speces address, city, county, s	aate and sip code):		ureen Rubin	500 5	
18111 Nordhoff St.		1	NUMBER: (818) 677		
Northridge, CA 91330-8232			···· (/ • · · · -	5935	
		INTERNET E	-MAIL ADDRESS: maurcer tp://www.csun.edu/%7Eoc	Is99/	
EMPLOYER IDENTIFICATION NUMBER (EIN):		YPE OF APPLICANT: (enter o		
95-199273	2	A. State	id. Indepen	dunt School District	
TYPE OF APPLICATION (Check appropriate		B. Count		ontrolled Institution of Higher Learning University	
NEW NEWPREVIOUS		D. Towns	hip K Indian	Tribe	
CONTINUATION AMENDMENT		E. Interst	unicipal M. Profit (Organization	
Revision, enter appropriate letter(s) in box(cs):		G. Specia O. Other		Non-Profit Organization	
_	•	7.b. C	NS APPLICANT CHARACT	ERISTICS	
· · · · · · · · · · · · · · · · · · ·	revision:	Enice approp	riute code in euch hlank:		
NO COST EXTENSION: Lto	nier dale)	9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service			
OTHER (specify helow):		Corporati	on for National and C	community Service	
O. CATALOG OF FEDERAL DOMESTIC A	SSISTANCE NUMBER:	il.a. TITLE	OF APPLICANT'S PROJECT	:	
9 4 0 1 3		AmeriC	orps VISTA's for the	Center for Community Service-	
Name of Program AmeriCorps*V	(STA	Learning	g at California State U	niversity, Northridge	
2. AREAS AFFECTED BY PROJECT (List	Cirles, Counties, Stores, cic.):	11.b. CNCS	PROGRAM INITIATIVE (IF /	ANY):	
County of Los Angeles CA					
3. PROPOSED PROJECT: START DATE	E: 11/01/2005	END DATE:	10/31/2006		
4, ESTIMATED FUNDING: Check applicable	box; Yr i: X Yr.2: 🔲 or Yr 3: 🗋	15. 15	APPLICATION SUBJECT T	O REVIEW BY STATE EXECUTIVE	
FEDERAL S 23,	702		RDER 12372 PROCESS?		
APPLICANT S 11,	052	g. Y		VAPPLICATION WAS MADE AVAILABLE JTIVE ORDER 12372 PROCESSS FOR	
	N/A		REVIEW ON: 9/23/05 DATE 9/23/05 b. NO. PROGRAM IS NOT COVERED BY E.O. 12373		
I, LOCAL S	N/A	6. N	<u>=</u>		
OTHER	N/A		REVIEW	NOT BEEN SELECTED BY STATE FOR	
PROGRAM INCOME	N/A	16, 15	THE APPLICANT DELINQU	TENT ON ANY FEDERAL DEBT?	
TOTAL 5 34,	754		YES If "Yes," attach at	explanation. No	
7. TO THE BEST OF MY KNOWLEDGE A LUTHORIZED BY THE GOVERNING BODY OF	ND BELIEF. ALL DATA IN THIS AP FTHE APPLICANT AND THE APPLICAN	PLICATION/PRE	APPLICATION ARE TRUE ALL Y WITH THE ATTACHED ASS	ND CORRECT, THE DOCUMENT HAS BEEN DO URANÇES IF THE ASSISTANCE IS AWARDED.	
a. TYPED NAME OF AUTHORIZED REPRE SCOTT PÉTEZ		or of Resear	ch	c. TELEPHONE NUMBER: 818-677-2901	
SIGNATURE OF AUTHORIZED REPRESE	ENTATVE:		***************************************	C. DATE SIGNETLY 23/05	
Iodified Standard Form 424- (Rev. 1 MB Control #: 3045-0047	1/02 to conform to the CNCS	Smale system	VED 2005	Expiration Date: 03/31/2005	
	/ " "	EUE	VENT		

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EDERAL ASSISTANC	E	2. DATE SUBMITTED 9-27-05		Applicent Identifier Ve
. TYPE OF SUBMISSION: Application		1 DATE RECEIVED BY	STATE	State Apolication Identifier
Construction	Pre-application	d hate perture at	CTOPP AT THE	.,
Non-Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifies
APPLICANT INFORMATION	Non-Construction			1
gel Name:		*	Organizational Un	k:
nari Les Jolley			Department:	4 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
genizational DUNS: 6701429	RECE	MED	Division.	
Kirena:				
reent: 01 w 2md at	SEP 2 6	200-	Name and telepho	ne number of person to be contacted on a fication (give area code)
O I W Zrat Bl	1 021 20	2005	Profix	First Name:
o linda	STATE		 _Middle Name	Shari
Landy:	STATE CLEARIN	GHOHSE	Lexa	
cremento	-		Last Name Jolley	
ile:	Zip Code 95673		Suffix.	
untry:	1 - 11, 1		Email:	
APLOYER IDENTIFICATION	W NUMBER /COM.		Shammes@@aol.com	
	•		Phone Number (give	Bran code) Fax Number (give area code
			916-991-4068	4 1
			7. TYPE OF APPLI	ANT: (See back of form for Application Type
evision, enter appropriate lett	invited in homestant	r Flevision	M	
e back of form for description	of letters.)	 -	Other (specify)	
er (specify)	∟	L		
• •			9. NAME OF FEDER	RAL AGENCY:
CATALOG OF FEDERAL D	DOMESTIC ASSISTANC	E NUMBER:		TILE OF APPLICANT'S PROJECT:
		5 9-0 0 9	Delivery service	The second of th
LE (Name of Program): siness Development Assistan	ann To Could be		•	
AREAS AFFECTED BY PR	DUFCT (Cities Counties	Craine was 1:		
ile	[wiles, twithings,	OBINA, MICA		
PROPOSED PROJECT	, .,		44 604	
rl Date:	Ending Dale:		14, CONGRESSION a. Applicant	AL DISTRICTS OF:
ESTRMATED FUNDING:	Ongoing		Rio Linda , California	ı
			16. S APPLICATIO	N SUBJECT TO REVIEW BY STATE EXEC
Federe: 5		. or	ORDER 12372 PRO	EAPPLICATION/APPLICATION WAS MADE
opplicant \$		· · · · · · · · · · · · · · · · · · ·	AVAILA	BLE TO THE STATE EXECUTIVE ORDER 1
itato		50,000	PRUCE	SS FOR REVIEW ON
totto .		ÇH.	DATE:	
ocal \$, au	b. No. 17 PROGR.	AM IS NOT COVERED BY E. O. 12372
Dier \$			D. 112: 17 ,	
rogram Income \$			FORRE	Gram has not been selected by St. View
-			17. IS THE APPLICA	INT DELINQUENT ON ANY FEDERAL DEE
OTAL \$		en ana	My May	
TO THE BEST OF MY KNOW	MEDGE AND RELIES	SO,000	Yest I 'Yes' attac	CONTRACTOR OF THE PARTY OF THE
			JUATION/PREAPPL HE APPLICANT AND	ICATION ARE TRUE AND CORRECT, THE THE APPLICANT WILL COMPLY WITH TO
ACHED ASSURANCES IF T	HE ASSISTANCE IS AN	ARDED.		The state of the s
ix cutantical isomerounityo	First Name		Middle	Name
Name	Shari	· International Principles	Lee	THE STATE OF THE S
у			Suffix	
de			c. Tels	phone Number (give aree code)
			1	
gnasture of Authorized Repres	sentalive //	15.71 + 11		91-4066 b Signed

GMO. PMD-7

APPLICATION FOR Version 7/03						
FEDERAL ASSISTANCE		2. DATE SUBMITYED 8/31/05		Applicant Iden	Applicant Identifier	
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY STATE		State Applicati	State Application Identifier	
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGE	NCY Federal Identif	ler .	
Non-Construction	Non-Construction_					
5. APPLICANT INFORMATION Legal Name:	WALLEY CONTROL OF THE PARTY OF	Organizational Unit:				
Watts Cinema and Education Center, Inc.			Department: Wattstar Theatre and Training Center			
Organizational DUNS:			Walson: Weeds and Values of Control			
15-910-6643 Address: DEC		FIVED	WCEC Name and telephone number of person to be contacted on matters			
Street: 10124 S. Broadway, Sulte 110-D		Same barries	Involving this application (give area code)			
10124 3. Broadway, Suite 110-	-	2 2 2005	Prefix: First Name: Ms. Barbara			
City: Los Angeles	1	1	Middle Name Jeane			
County: Los Angeles	I STATE CLEARING		Last Name Slanton	ast Name Slanton		
State: California	Callfornia 90003					
Country: United States of America			Email: wattetar@eol.com			
6. EMPLOYER IDENTIFICATION NUMBER (EIN);			Phone Number		Fax Number (give area code)	
95-4548513]		(323) 757-750	6	(323) 757-7072	
8. TYPE OF APPLICATION:			7. TYPE OF APPLICANT: (See back of form for Application Types)			
New Continuation Revision If Revision, enter appropriate letter(s) in box(es)				N. Other		
lan a salanna fi si a sa i 221 - 1121 - 1			Other (specify) 501 (c)(3) Non-Profit			
Other (specify)			9. NAME OF FEDERAL AGENCY: U.S. Dept. of Commerce, Economic Development Administration (EDA)			
10. CATALOG OF FEDERAL	E NUMBER:	1	IVE TITLE OF APPLI			
	11-300	Wattalar Theatre and Training Center				
TITLE (Name of Program): EDA Public Works Development Facilities Financial Assistance Grant				-		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):						
Watts/Willowbrook Communities; City and County of Los Angeles, CA						
				14. CONGRESSIONAL DISTRICTS OF:		
Start Date:	Ending Date:		a. Applicant	MOTOR DIGITAL D	b. Project	
4/2006 15. ESTIMATED FUNDING:	12/2007		35th District	ATION SUBJECT TO	35th, 37th and 39th Districts	
			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. A THIS PREAPPLICATION/APPLICATION WAS MADE A AVAILABLE TO THE STATE EXECUTIVE ORDER 12372			
a. Federal \$		1,800,000	a. Yes. 🗹 TH	IS PREAPPLICATION VAILABLE TO THE STA	VAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372	
b. Applicant \$		908,000		OCESS FOR REVIEW		
c. State \$	14.4 Marin (14.4 M		DA	TE: 9/2/2005		
d. Local \$		892,000	D. No. 🔘 PR	OGRAM IS NOT COV	ERED BY E. O. 12372	
e. Other \$, or		PROGRAM HAS NO R REVIEW	T BEEN SELECTED BY STATE	
f. Program Income \$, SA			NT ON ANY FEDERAL DEBT?	
g. TOTAL \$	3,600,000 LYes If "Yes			attach an explanation		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.						
a. Authorized Representative	First Name		li li	Vliddle Name		
Leet Name				Jeane		
Stanton b. Title			Suffix			
Executive Director d. Signature of Authorized Representative				c. Telephone Number (give srea code) (323) 757-7506		
				e. Date Signed	-31-05	
Previous Filtion Usable Standard Form 424 (Rev.9-2003)						

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